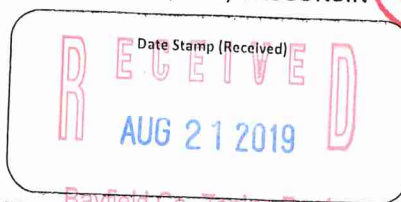


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR SIGN
BAYFIELD COUNTY, WISCONSIN

ENTERED



Permit #:	19-0315
Date:	9-16-19
Amount Paid:	\$50 9-16-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Property Owner(s) Name: Town of Eileen	Mailing Address: 29130 State Hwy 137	City/State/Zip: Ashland WI 54806	Phone: 715-682-5070
Sign Owner(s) Name: Eileen Area Historical Society	Mailing Address: 64445 Setzke Rd	City/State/Zip: Ashland, WI 54806	Phone: 715-682-5767
Address of Property: Highland Rd	City/State/Zip: Ashland, WI 54806		
Contractor: Prime Time	Contractor Phone: 715-292-0540	Address: 61370 Hegstrom Rd, Ashland, WI 54806	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Crystal Mattson, town clerk	Agent Phone: 715-682-5070	Agent Mailing Address (include City/State/Zip): 29130 State Hwy 137 Ashland, WI 54806	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT LOCATION NE 1/4, NE 1/4	Legal Description: (Use Tax Statement) Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No.	Tax ID: (4 or 5 digits) 16111	Recorded Document: (i.e. Property Ownership) Volume 167 Page(s) 304
Section 35, Township 47 N, Range 5 W		Town of: Eileen	Subdivision: Lot Size 165X264 Acreage 3

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	Type	Length	Width	Height	Located in Town of Bayfield
\$1415.00	<input checked="" type="checkbox"/> On-Premise	<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> 1-Sided x 2	6 ft	3 ft	8 ft
	<input type="checkbox"/> Off-Premise	<input type="checkbox"/> Replacement	<input type="checkbox"/> 2-Sided			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On-Building			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Multi-Tenant			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Town of Eileen

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Applicant(s): Eileen Area Historical Society by a letter

(If you are applying for an Off-premise sign, the property owners must also sign this form)

Authorized Agent: Crystal Mattson Town Clerk

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 29130 State Hwy 137, Ashland, WI 54806

Date 8/20/19

Date 8-20-19

Date 8-20-19

Attach


Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

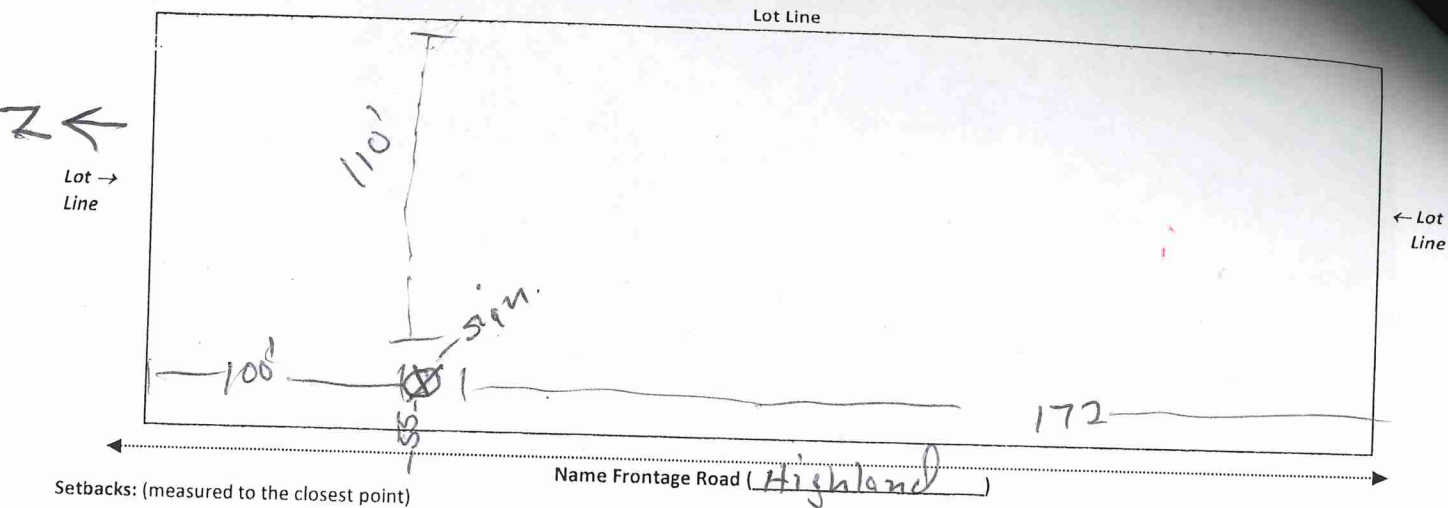
PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
The local Town, Village, City, State or Federal agencies may also require permits.

Copy OK Per T. Poore

1. Name and use frontage road as a guideline, and indicate North (N) on plot plan
2. Show the sign location 
3. Show dimensions in feet on the following:

IMPORTANT
Detailed Plot Plan is Neccessary



Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	55 Feet	Setback from the North Lot Line	
Setback from the Established Right-of-Way	22 Feet	Setback from the South Lot Line	100 Feet
		Setback from the West Lot Line	172 Feet
Setback from Lake, River, Stream or Pond	— Feet	Setback from the East Lot Line	55 Feet
Setback from Other Sign(s)	— Feet		110 Feet

Sign Plan
(Fill in Information Desired on Sign)

Attached

IS THIS COPY
ALLOWED?

copy of minutes & original
signs

Issuance Information (County Use Only)		Permit Number: 19-0315	Permit Date: 9-16-19
Permit Denied (Date):		Reason for Denial:	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Case #:	Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Property Surveyed <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District (A-1) Lakes Classification (-) Date of Re-Inspection:	
Date of Inspection: 8/22/19	Inspected by: [Signature]	Condition(s): Town/ Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)	
Signature of Inspector: [Signature]		Date of Approval: 8/29/19	

City, village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN – **X**
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0315** Issued To: **Town of Eileen / Crystal Mattson, Clerk**

3 A in
Location: **NE** $\frac{1}{4}$ of **NE** $\frac{1}{4}$ Section **35** Township **47** N. Range **5** W. Town of **Eileen**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: **Municipal Other: [On - Premise Sign (6' x 3' x 8' high) = 18 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as applied for.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

September 16, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
SEP 05 2019



Permit #:	19-0332
Date:	9-18-19
Amount Paid:	\$ 750 \$175 9-5-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input checked="" type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: TYLER & BRITTM AUGUSTINE		Mailing Address: 600 7TH ST W		City/State/Zip: ASHLAND WI 54806		Telephone: 715 225 3460			
Address of Property: 25490 COUNTY HWY 6		City/State/Zip: ASHLAND WI 54806				Cell Phone: 715 292 1837			
Contractor: NICK SORENSON		Contractor Phone: 715 292 0509		Plumber: CADY PLUMBING		Plumber Phone: 715 313 2878			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 15425		Recorded Document: (Showing Ownership) 2019R- 578749			
SE 1/4, SW 1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) No.	Block(s) No.	Subdivision:
Section 6, Township 47 N, Range 05 W		Town of: EILEEN		Lot Size		Acreage 40.00			

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? Yes X No	Are Wetlands Present? X Yes No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 250,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	1	<input type="checkbox"/> Municipal/City Inground	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	X 2	X (New) Sanitary Specify Type: conventional	X Well
	<input type="checkbox"/> Conversion	X 2-Story	X Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		X Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: 96	Width: 40	Height: 30

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
X Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	X	Residence (i.e. cabin, hunting shack, etc.)	(26 x 40)	1040
		with 1st second story	(26 x 40)	1040
		with a Porch overhang on W side, gravel w/ posts	(16 x 40)	640
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(70 x 40)	2800
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Brittni & Augustine
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 8/28/19

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit 600 7TH ST W, ASHLAND WI 54806

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink - **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the Centerline of Platted Road	270	Feet	Setback from the Lake (ordinary high-water mark)	NA	Feet
Setback from the Established Right-of-Way	240	Feet	Setback from the River, Stream, Creek	NA	Feet
			Setback from the Bank or Bluff	NA	Feet
Setback from the North Lot Line	940	Feet			
Setback from the South Lot Line	240	Feet	Setback from Wetland	165	Feet
Setback from the West Lot Line	1080	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Setback from the East Lot Line	110	Feet	Elevation of Floodplain	NA	Feet
Setback to Septic Tank or Holding Tank	20	Feet	Setback to Well	60	Feet
Setback to Drain Field	93	Feet			
Setback to Privy (Portable, Composting)	NA	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: **ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.**

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 19-1215	# of bedrooms: 3	Sanitary Date: 1/17/19
Permit Denied (Date):		Reason for Denial:		
Permit #: 19-0332		Permit Date: 9-18-19		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #: NA		Case #: NA		
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record: Project as represented by owner Appears to be Code Compliant. OK to issue LU permit		Zoning District (A91)		
Date of Inspection: 8/26/2019		Lakes Classification (-)		
Inspected by: Tracy Pooler		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Must contact local Uniform Dwelling Code (UDC) Inspection Agency and Secure a UDC permit as required by State Statute.				
Signature of Inspector: [Signature]				Date of Approval: 9/17/19
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **19-121S (9/18/2019)**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0332** Issued To: **Tyler & Brittini Augustine**

Location: **SE** ¼ of **SW** ¼ Section **6** Township **47** N. Range **5** W. Town of **Eileen**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Use:** [**2- Story; Residence (26' x 40') = 1,040 sq. ft.; Second Story (26' x 40') = 1,040 sq. ft.;**
Porch with Overhang (16' x 40') = 640 sq. ft.; Attached Garage (70' X 40') = 2,800 sq. ft.]
Total Overall = 4,480 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must contact local uniform dwelling code inspection agency and secure UDC permit if required by Statute or contract.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

September 18, 2019

Date